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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

0283 DEATH 68X SIDENCE 6	1. PLACE OF DEATH A. COUNTY <u>Cochise</u>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Cochise</u>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Curtis (Rural)</u>				C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>2 hrs. Life</u>			
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Apache Powder Co.</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>P.O. Box 253 - Benson Ariz.</u>			
1 1 3 A/37 0 749	3. NAME OF DECEASED A. (FIRST) <u>Orvil</u> B. (MIDDLE) <u>- - -</u> C. (LAST) <u>Lofgreen</u>				4. SEX <u>Male</u> 5. COLOR OR RACE <u>White</u>			
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>				7. DATE OF BIRTH MONTH <u>Apr.</u> DAY <u>2</u> YEAR <u>1912</u>			
	8. AGE YEARS <u>37</u> MONTHS <u>2</u> DAYS <u>29</u>				9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Foreman - Mix-House</u>			
SE 9/193 TH 0 18) 0 ✓	9B. KIND OF BUSINESS OR INDUSTRY <u>Powder Co.</u>				10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>			
	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>			
	13. SOCIAL SECURITY NO. <u>526-01-7114</u>				14A. FATHER'S NAME <u>Niels Lofgreen</u>			
IONS 9 PSY 9	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>				15A. MOTHER'S MAIDEN NAME <u>Rebecca A. Sherman</u>			
	15B. BIRTHPLACE (STATE OR COUNTRY) <u>W. Virginia</u>				16. INFORMANT'S SIGNATURE <u>Rebecca A. Lofgreen</u> ADDRESS <u>Benson Ariz.</u>			
	17. DATE OF DEATH (MONTH) <u>July</u> (DAY) <u>1</u> (YEAR) <u>1949</u>				18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.			
TH 02 TO 03 NAL 1 NCE 1	19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21A. ACCIDENT (SPECIFY) <u>SUICIDE DYNAMITE EXPLOSION</u>			
	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Apache Powder Co.</u>				21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Benson Cochise Ariz.</u>			
CAL 5 NER'S ATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>July 1 1949 9:00 AM</u>				21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
	21F. HOW DID INJURY OCCUR? <u>Dynamite Explosion - Cause Unknown</u>				22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>July 1, 1949</u> TO <u>July 1, 1949</u> AND THAT DEATH OCCURRED AT <u>9:00 AM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE (DEGREE OR TITLE) <u>Hubert Shannon</u> <u>Coroner</u>				23B. ADDRESS <u>Benson, Arizona</u>			
RAL 07 TOR 1 D 2 RAR 2	23C. DATE SIGNED <u>7-1-49</u>				24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>			
	24B. DATE <u>7-1-1949</u>				24C. NAME OF CEMETERY OR CREMATORY <u>Bisbee, Arizona</u>			
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Bisbee, Arizona</u>				25A. DATE REC'D BY LOCAL REG. <u>7-15-49</u>			
25B. REGISTRAR'S SIGNATURE <u>Adrian</u>				25C. FUNERAL DIRECTOR'S SIGNATURE <u>Hubbard Mortuary - Hugh Poames</u>				
25D. ADDRESS <u>Bisbee, Ariz.</u>				26. FUNERAL DIRECTOR'S SIGNATURE <u>Hubbard Mortuary - Hugh Poames</u>				